

County: Kewaunee  
KEWAUNEE CARE CENTER  
1308 LINCOLN STREET

Facility ID: 4820

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KEWAUNEE 54216 Phone: (920) 388-4111  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 72  
Total Licensed Bed Capacity (12/31/03): 82  
Number of Residents on 12/31/03: 68

Ownership: Limited Liability Company  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 63

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.6
Supp. Home Care-Personal Care	No					1 - 4 Years		39.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.4	More Than 4 Years		14.7
Day Services	No	Mental Illness (Org./Psy)	25.0	65 - 74	11.8			----
Respite Care	No	Mental Illness (Other)	2.9	75 - 84	30.9			75.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	10.3	65 & Over	95.6	-----		
Transportation	Yes	Cerebrovascular	7.4	-----	----	RNs		5.8
Referral Service	Yes	Diabetes	8.8	Gender	%	LPNs		7.2
Other Services	Yes	Respiratory	4.4	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	35.3	Male	35.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	64.7			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	2.3	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Skilled Care	7	100.0	314	41	95.3	115	0	0.0	0	18	100.0	146	0	0.0	0	0	0.0	0	66	97.1
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	1	2.3	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		43	100.0		0	0.0		18	100.0		0	0.0		0	0.0		68	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	20.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	58.8	41.2	68
Other Nursing Homes	0.0	Dressing	8.8	60.3	30.9	68
Acute Care Hospitals	73.9	Transferring	26.5	38.2	35.3	68
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	19.1	57.4	23.5	68
Rehabilitation Hospitals	0.0	Eating	63.2	22.1	14.7	68
Other Locations	5.2	*****				
Total Number of Admissions	115	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.9		Receiving Respiratory Care	4.4
Private Home/No Home Health	41.5	Occ/Freq. Incontinent of Bladder	48.5		Receiving Tracheostomy Care	1.5
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	25.0		Receiving Suctioning	2.9
Other Nursing Homes	4.7				Receiving Ostomy Care	1.5
Acute Care Hospitals	6.6	Mobility			Receiving Tube Feeding	2.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	32.4
Rehabilitation Hospitals	0.0					
Other Locations	8.5	Skin Care			Other Resident Characteristics	
Deaths	38.7	With Pressure Sores	8.8		Have Advance Directives	97.1
Total Number of Discharges (Including Deaths)	106	With Rashes	10.3		Medications	
					Receiving Psychoactive Drugs	54.4

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.0	80.8	0.94	83.7	0.91	84.0	0.90	87.4	0.87
Current Residents from In-County	79.4	73.7	1.08	72.8	1.09	76.2	1.04	76.7	1.03
Admissions from In-County, Still Residing	20.9	19.8	1.06	22.7	0.92	22.2	0.94	19.6	1.06
Admissions/Average Daily Census	182.5	137.9	1.32	113.6	1.61	122.3	1.49	141.3	1.29
Discharges/Average Daily Census	168.3	138.0	1.22	115.9	1.45	124.3	1.35	142.5	1.18
Discharges To Private Residence/Average Daily Census	69.8	62.1	1.13	48.0	1.46	53.4	1.31	61.6	1.13
Residents Receiving Skilled Care	98.5	94.4	1.04	94.7	1.04	94.8	1.04	88.1	1.12
Residents Aged 65 and Older	95.6	94.8	1.01	93.1	1.03	93.5	1.02	87.8	1.09
Title 19 (Medicaid) Funded Residents	63.2	72.0	0.88	67.2	0.94	69.5	0.91	65.9	0.96
Private Pay Funded Residents	26.5	17.7	1.50	21.5	1.23	19.4	1.36	21.0	1.26
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	27.9	31.0	0.90	39.1	0.72	36.5	0.77	33.6	0.83
General Medical Service Residents	35.3	20.9	1.69	17.2	2.05	18.8	1.88	20.6	1.72
Impaired ADL (Mean)	53.2	45.3	1.17	46.1	1.15	46.9	1.13	49.4	1.08
Psychological Problems	54.4	56.0	0.97	58.7	0.93	58.4	0.93	57.4	0.95
Nursing Care Required (Mean)	8.1	7.2	1.12	6.7	1.21	7.2	1.13	7.3	1.10